PERSON-CENTERED PLAN

Stakeholder Questions/Concerns

(Via ContactDMH Web address)

(Stakeholder Questions/Concerns):	(Answer):
Q: Please verify that a separate document will NOT be necessary to serve as a service order if the PCP is signed by the appropriate licensed health professional to order the service?	**A:** The **Person Centered Plan** will **serve as the Service Order**. M.D. signature in the box for Medicaid funded services will substantiate a service order confirming medical necessity.
Q: If diagnostic assessment serves as the order for services, where and how do you justify for medical necessity and order additional services after the first 30 days? Is order for services & authorization for services the same? If not, how & where do they differ?	**A:** Through the Diagnostic Assessment, one of the designated professionals must write an order for new paid services added to the Person Centered Plan. Authorization for additional services that are already included in the Person Centered Plan go through the appropriate Utilization Review process.
Q: Will all current service plans need to be rewritten and new signatures obtained by June 1, 2006 for consumers currently in service? It appears to be that VO will review only those services as documented in the new PCP, and with existing requirements for re-authorization, if not by June 1, plans will need to be re-written soon thereafter. If so, this represents a tremendous burden on a system already in crisis.	**A:** No, the PCP will need to be completed for a **new consumer** within the first thirty days of contact. For **consumers currently receiving services**, there should be an **annual update, utilizing the new PCP near the birth date**. (The birth date is suggested during this transitional year)
Q: Please clarify- if the service plan revision is completed to add information to a plan, to alter strategies for goal intervention, or for other reasons that do not change the type or volume of services involved, will another "service order" signature be required on the PCP revision page?	**A:** A plan needs to be revised/updated based on 3 characteristics: 1) consumer's needs change; 2) Provider changes and/or 3) on or before Target Dates expire. A service order is required annually or if a new service is implemented.
Q: When is it anticipated that CAP-MR/DD plans will be re -written into the new PCP format?	**A:** The current CAP-MR/DD plan will continue to be used for the duration of the current CAP-MR/DD Waiver period. ***Please continue to periodically check the Division website for updates with regard to this matter.***
Q: I have been training staff on the concept of Person Centered Planning and was wondering if I am responsible for using the form on your website. Is this for the LME, Case Manager, and/or Service Provider (i.e. group home, etc.)?	**A:** In the near future, a communication bulletin will be distributed to clarify the training of person centered planning. If you are providing training, we highly encourage that any PCP trainings/trainer be familiar with the PCP form on the Division website. The majority of people in the system will need to use this form and understand how to integrate PCP thinking/planning processes into this format.
Q: Will there be any PCP trainings in the Charlotte-Metro Area prior to June 1, 2006?	**A:** Contact D.D.T.I., B.H.R.P., and/or your L.M.E. for information regarding training dates and locations. **DDTI**: UNC-Chapel Hill-Developmental Disabilities Training Institute (919) 966 - 5463 **B.H.R.P.** – UNCH-Behavioral Healthcare Resource Program (919) 962 - 6925
Q: Is the 6/1/06 effective date for new consumers or is it the expectation that all of the current consumers should be transitioned to this plan by 6/1/06 as well?	**A:** (Refer to Division Website Announcement 6/1/06 regarding Implementation Update) The update provides transition timelines for updates. All current consumers should be transitioned to the new PCP by June 30, 2007. It is suggested for this transitional period to use the birth date for updating the PCP.

Q: Is there a way to "unlock" this document so that the provider can put their logo and identifying information on the document for distinction purposes so that the document can continue to be done online?	**A:** Because the form is approved and endorsed by DMA, we are unable to allow editing privileges of the document.
"The plan is a good one, but is overkill for straightforward evaluation questions or time limited, focused therapy." **Q:** Implementation bulletin 8 states the new PCP format is required for Medicaid enhanced service recipients. What is the Division's position on the necessity of using this plan with basic benefit Medicaid recipients, IPRS only, and third party insurance?	**A:** In the near future, there will be a clear communication bulletin that will provide direction of which type of consumer/benefit package will require a PCP.
Q: If a PCP has recently been updated due to the individual's birthday being in April, will the new format be required next year on their birth date or does it have to be by June 1, 2006 (implementation date)? If their birth date falls after April 26, 2006, is the new format to be used now?	**A:** For a new consumer, a Person-Centered Plan should be completed within the first thirty days of contact. For consumers currently receiving services, there should be an annual update, utilizing the new PCP near the birth date. (The PCP can be developed at the person's next birthday-April 2007)
"I think the PCP is a fine document with pretty good instruction to go with it." **Q:** Since there is now a single Medicaid/IPRS PCP for non-CAP consumers, and since the plan has a place for "State Funding Only" that would lead me to believe that LMEs will approve IPRS services through sign-off on the plan only? Secondly, does this also mean that for consumers who have Medicaid and IPRS services (as most do) the LME must sign-off on IPRS services before VO will consider the PCP or individual service authorizations?	**A:** LME's will approve all state funding within any PCP.
Q: I see that the plan requires "Licensed physician, licensed psychologist" etc. signatures on page 11; however, are the signatures required for every plan (IPRS and/or Medicaid)?	**A:** All plans (State Funded and Medicaid) must have a Licensed Physician/Psychologist signature, in that they are required to substantiate medical necessity.
Q: On page 12 does the update/revision signature need to be of the same PhD/MD type level or can a QP sign for the medical necessity of the update?	**A:** If a service order is required at the time of the revision/update, the same type of professional signature is required.
Q: On page 11 in the final box did you mean to have "Consumer Signature" listed 4 times, or did you mean to label the spaces as "Plan participant" or something else, because the consumer already signed in the box above?	**A:** The Signature page has been edited
Q: I understand that when a client is referred for a Diagnostic Assessment that the PCP must be completed also within the first 30 days. However, when a client is referred for a Basic Assessment, does the PCP (the same format) also need to be developed? Prior to the PCP being available, endorsed agencies were told to submit a PCP-Lite when doing a Basic Assessment on a client. Is the state going to make a PCP-Lite form available to provider agencies or is it not necessary (mandatory) to complete a PCP or PCP-Lite when a consumer is referred for a Basic Assessment. If a PCP-Lite must accompany the Basic Assessment, what criteria other than a "crisis plan" must the PCP-Lite have?	**A:** It is recommended, but NOT required. (A communication if forth coming to clarify this).
Q: At the Value Options trainings on 5/4 and 5/5, it was repeatedly said that the EPSDT review request form is the l part of the PCP. I have not found this to be correct. Please advise where we would find this form.	**A:** If during the PCP process there are needs assessed that reflect services beyond the current limits, a EPSDT form should be completed and submitted to Value Options. For further information, please refer to the Division of Medical Assistance online at http://www.dhhs.state.nc/dma/prov.htm
Q: Effective today, will the new Person Centered Plan, serve as the service order, choice, and medical necessity, when all appropriate signatures have been obtained. Has Medicaid approved this?	**A: Yes**, the Person Centered Plan will **serve as the Service Order**. The Department of Medical Assistance has approved and endorsed the Division's Person Centered Plan.

Q: Can you explain or provide an example of an Advanced directive for Mental Health Treatment? This question is on the crisis plan part of the new format.	**A:** An advance instruction/ directive which became effective January 1, 1998 allows you to make a legal directive in the case of mental health treatment. This advance instruction is binding for twenty four months (2 years) from the date that you specify your wishes to your physician. This is the only advance directive that requires periodic renewal. This document goes into effect when your doctor or mental health provider determines that you no longer understand the nature and consequences of proposed mental health treatment and that you cannot make decisions about that treatment. This document must be signed by you (or have someone sign the document in your presence and at your direction, if you are unable to sign). The signatures on this document must be witnessed by 2 qualified* adults, dated, and notarized. The directive for mental health treatment allows you to make treatment and medication decisions if you should require admission to and retention in a facility for the care or treatment of mental illness. This directive allows you to further clarify your wishes in regard to mental health care and treatment.
Q: What exactly do you mean by duration – the instructions state the how long the service is needed. Did you mean how long for each session or how long until treatment is complete?	**A:** The goal duration indicates how long the service/support will be used to achieve the outcome. (i.e. 30 days)
Q: Would it be ok if the Doctor signed first, then the guardian a few days or weeks later?	**A:** Yes, the Doctor may sign first.
Q: I am providing case management to the DD population. I read the instructions for the new person centered plan, and am wondering about the updates and quarterly reviews. Before, we had to do a quarterly review even if there were no changes; however, it seems like we now need to only update when there is a change.	**A:** The PCP should be reviewed/updated, at a minimum, by the responsible professional based upon the target date assigned to each goal, whenever the consumer's needs change, or when a service provider changes.
Q: I noticed in reading the PCP and looking at the forms that I do not see a place where a case manager or community support lay person would need to sign. Can you tell me if we are suppose to sign where you have Legally responsible person or Person Responsible for the plan?	**A:** The signature page has been edited. (You sign where it states, "Person Responsible for the Plan Signature"
Q: I know this has been discussed before; however, I need clarification due to our last DD divestiture. From my understanding, Developmental Day programs, which provide Developmental Therapies, can continue to use IEP's as their service plans and are not required to have a person centered plan for the children in the center. Is this correct?	**A:** Any person receiving enhanced benefits will be required to complete a PCP. Children who are under the age of 3 will complete a IFSP.
Q: With the new state PCP, I have made a form for medical necessity for the doctor's to sign and I noticed that a medical necessity section has been placed on the plan. When I had given a plan for the doctor to sign, he had signed our agency medical necessity form and not the section on the plan; will that be sufficient to submit with the plan if the doctor did not sign the section on the plan?	**A:** The PCP will serve as the Service Order; therefore, it will need to be completed in its entirety, including, but not limited to, the Doctor's signature.
Q: Is the PCP to be initiated at the time of assessment or not until treatment has begun?	**A:** For a **new consumer**, a Person-Centered Plan should be completed within the first thirty days of contact. For **consumers currently receiving services**, there should be an **annual update, utilizing the new PCP near the birth date**.
Q: Can we use our own Crisis plan or do we have to use this one?	**A:** It is highly recommended that you utilize the PCP Crisis Plan; however, you may attach additional Crisis Plans/Documents to the PCP.

Q: Explain what to put in the grey box on Page 1.	**A:** For **State Funded Services** only, you will need to provide who authorized the services and when they were authorized.
Q: If we are not the clinical home, do we have to do the PCP?	**A:** If the individual has a designated clinical home, you do not need to complete a PCP.
Q: On Page 1, under clinical home, can we have more than one First Responder name, since we rotate this function?	**A:** Enter "on-call person" on the line and attach document for other responders and their contact information.
Q: On page 6, it speaks of 90801, but we contract to provide H0001. Does this matter?	**A:** The reason 9080 is on the PCP, is that it is a comparable service for assessments. (List it under the box for evaluations completed – H0001)
Q: On page 6 in the bottom box, do we put state in that box if we are seeing a client who is eligible to receive county funding?	**A:** The box indicates the funding sources for services support indicated from the assessments.
Q: Is there to be one long range goal or can there be more?	**A:** The number of goals should be consumer driven by the PCP process.
Q: I see in the Person Centered Plan that we are allowed to use our own crisis plan. We would like to do this and make it more specific to our population (substance dependent women). We would like to delete Medications and Advanced Directives section. Is that possible? Thanks.	**A:** On the PCP, please include the statement, "Please see attached" for additional Crisis Plan information/documents.
Q: In regards to a state-wide Person-centered Plan of Care template, what is the correct one to use for Developmental Therapy Plans of Care? The two that I know of are for Community Support & CAP. Is it one of these, or is there another one in mind?	**A:** Developmental Therapy is a service and should be incorporated into the PCP or if the individual is a CAP recipient, it should be incorporated in the CAP Plan of Care.
Q: While working with the new PCP format, I realized that some adjustments could be made to make it more user friendly. I basically just adjusted the format of the goal section. The plan still includes all the information that is on the state published PCP, it just looks a little different in one section. Is this permissible or does the PCP have to be on the exact form developed by the state?	**A:** DMA/DMH has agreed upon this document; therefore, no editing privileges will be allowed.
Q: Who is to develop the PCP? – (I have had comments that the AP or Paraprofessional are developing the PCP)	**A:** With Community Support, the Qualified Professional is responsible for the development of the PCP.
Q: This tool is cumbersome and takes HUGE amounts of time to complete - Why are there not areas that may be considered N/A? - Clinicians prioritize needs so the most acute needs get addressed.	**A:** The essence of the PCP is to gather information across the individual's life domains. In the early stages of planning there may be "NAs", but as learning occurs and through revisions/updates, the goal is to create as much of a complete plan as possible.
Q: I am a DD case manager and I am somewhat confused by the diagnostic tests you refer to when we complete the PCP for our consumers. Are there forms? Who decides what assessments are required?	**A:** The team or individual's participating in the PCP process can either determine the assessments needed or make a referral for a clinical and/or professional to make the determination of assessment needs.
Q: For Intensive In Home Therapy, a Licensed Professional needs to fill out the PCP. Is that correct?	**A:** For Intensive In Home Therapy, a Licensed Professional will need to complete the Person Centered Plan.

Q: If you are referred a case for a diagnostic assessment which allocates 6 hours for Community Support, is a PCP required as part of the Diagnostic Assessment? (*6 hours to complete the Diagnostic Assessment is tough but can be done but to add the PCP into the 6 hours makes it tough to produce a quality product.)*	**A:** The Diagnostic Assessment creates recommendations to be incorporated into the PCP.
Q: The PCP can be started at an initial visit (intensive in-home therapy), but does not have to be fully completed for a time not to exceed 30 days. The Professional Signature (MD, PHD) could appear after the consumers signature. As I am looking at work flow the family would sign what was completed on the first visit and then use the update form as we continue to contact others that are important to the client. After all pages are complete we review again with the family and have the client-consumer sign the update. Is this correct?	**A:** The family should be given a copy of the PCP after all development has occurred. If the family is in agreement with the PCP, the family should be requested to the sign the PCP. The usage of the "Plan Update/Revision" page of the PCP, is to be utilized **between** annual updates.
Q: Can a QMHP complete a PCP for a case that is only Community Support?	**A:** Yes
Q: On the signature page, there is now a spot for a Licensed physician, psychologist to sign. Is this signature required every year and/ or at annual updates?	**A:** The signatures **are required** for new services and/or annual reviews.
Q: Do PCP's have to be done for Targeted Case Management since it has not been approved yet? Can they keep doing the old plan?	**A**: The development of the PCP is determined by the receipt of Enhanced Benefit Services. (Refer to the Division Websites's Communications Bulletin for further clarification.)
Q: Where can I go to get answers to questions about CAP documentation for Home and Community Support, Personal Care, and Respite services?	**A:** The Division of MH/DD/SAS web site (http://www.dhhs.state.nc.us/mhddsas/) has a Q&A document regarding CBS/CAP Transition. It is found on the main page under the "What's New" section.
Q: On the memorandum dated 4/26/06, Subject: Enhanced services implementation update #8 Person centered Plan, it indicates that a PCP is required for any consumer receiving enhanced services. If a child is only receiving Out Patient therapy, is a Person Centered Plan required in that case as well?	**A:** If the child is only receiving outpatient, he/she does not require a PCP.